

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled PREVENTION AND TREATMENT OF HYPERGASTRINEMIA, the specification of which is attached hereto and was filed as PCT International Patent Application No. PCT/US99/10751, on May 14, 1999.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is known to me to be material to patentability under Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
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I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below.

60/085,714
(Application Number)

May 15, 1998
(Filing Date)

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) or PCT International application(s) designating the United States of America which is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose information known to me to be material to patentability, as defined in Title 37, Code of Federal Regulations, Section 1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application No.)

(Filing Date)

(Status - patented,
pending, abandoned)

I hereby appoint the following attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: STANLEY B. KITA, Registration No. 24,561; GEORGE A. SMITH, JR., Registration No. 24,442; WILSON OBERDORFER, Registration No. 17,379; MARY E. BAK, Registration No. 31,215, CATHY A. KODROFF, Registration Number 33,980, HENRY HANSEN, Registration No. 19,612, and WILLIAM BAK, Registration Number 37,277.

Address all telephone calls to Mary E. Bak at telephone no. (215) 540-9206. Address all correspondence to HOWSON AND HOWSON, Spring House Corporate Center, P. O. Box 457, Spring House, Pennsylvania 19477.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor: Philip C. Gevas

Inventor's signature _____

Date

Residence: Key Biscayne, Florida 33149

Citizenship: United States of America

Post Office Address: 881 Ocean Drive #23D, Key Biscayne, Florida 33149

Full name of second inventor: Stephen Grimes

Inventor's signature _____

Date

Residence: Davis, California 95616

Citizenship: United States of America

Post Office Address: 551 Rutgers Drive, Davis, California 95616

Full name of third inventor: Stephen Karr

Inventor's signature _____

Date

Residence: Davis, California 95616

Citizenship: United States of America

Post Office Address: 2265 Halsey Circle, Davis, California 95616

Full name of fourth inventor: Dov Michaeli

Inventor's signature _____

Date

Residence: Larkspur, California 94939

Citizenship: United States of America

Post Office Address: 21 Marina Vista Avenue, Larkspur, California 94939

Full name of fifth inventor: Susan Watson

Inventor's signature _____

Date

Residence: Edwalton, Nottingham NG2 6RB Great Britain

Citizenship: United Kingdom

Post Office Address: 5 Seatolla Close, Edwalton, Nottingham NG2 6RB Great Britain

Attorney Docket No.: ACG2AUSA

Applicant or Patentee: Philip C. Gevas, Stephen Grimes, Stephen Karr, Dov Michaeli and Susan Watson

Serial or Patent No.: _____

Filed or Issued: Filed Herewith

For: PREVENTION AND TREATMENT OF HYPERGASTRINEMIA

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(c)) - SMALL BUSINESS CONCERN

I hereby declare that I am

- ☐ the owner of the small business concern identified below;
☒ an official of the small business concern empowered to act on behalf of
the concern identified below:

NAME OF CONCERN Aphion Corporation

ADDRESS OF CONCERN Brickell Bay View Center, 80 S.W. Eighth Street,
Suite 2160, Miami, Florida 33130-2492

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled Prevention and Treatment of Hypergastrinemia by inventor(s) Philip C. Gevas, Stephen Grimes, Stephen Karr, Dov Michaeli, and Susan Watson described in

- ☒ the specification filed herewith
☐ application serial no. _____, filed _____
☐ patent no. _____, issued _____

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME _____

ADDRESS _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Philip C. Gevas

TITLE President

ADDRESS OF PERSON SIGNING Aphion Corporation, Brickell Bay View Center, 80 S.W. Eighth Street,
Suite 2160, Miami, Florida 33130-2492

SIGNATURE _____

DATE 11-9-00